

SPRING 08 (PLEASE PRINT ALL INFORMATION CLEARLY) ADULT

PLAYERS NAME _____ SEX _____ DOB ____/____/____

ADDRESS _____ CITY _____

ZIP _____ HOME PH# _____ WK PH# _____ CELL _____

EMAIL ADDRESS _____ ACTIVE USA HOCKEY **Y N**

IF CHECKED YES, PLEASE PRINT # _____ CITY _____

LEAGUES (circle)

B B/C UPPER C LOWER C LTP

FEEES (please check appropriate box)

INDIVIDUAL FEE \$295.00 - 17 games (Includes playoffs) **THURSDAY LTP \$136.00**

The Iceplex reserves the right to place up to 16 individuals on any one team
This applies to new players signing up after the team fee has already been paid. Players will be charged a pro-rated amount based on the amount of games left in the season only after the 3rd game of the season will this apply. **Cannot pay per game. Must pay for remaining games left.**

TEAM FEE \$3350.00 + \$150.00 team deposit - 17 games (Includes playoffs)
Team fees are due at the first game of the season. Team fee listed does not include \$150 deposit. Rosters must be turned in at this time as well. 16 players max on the roster. Any player signing up after this time and not on the roster will be charged the individual fee pro-rate. Players being added to the roster must be cleared through the league office no later than **24 hours** prior to the team's game. **Team fees must be paid up front prior to the teams first game, no exceptions. If the entire team fee is not present then the individual rate will apply! A team that has players on it that receive credits or discounts due to coaching, employees, or any other reason, your team will not qualify for the team fee. The team must pay individually.**

CAPTAINS & ADDITIONAL LEAGUE DISCOUNTS

- Team Deposit \$150.00.** Captain must secure his/her team 2 weeks prior to the next season.
- Additional League Discount \$25.00** will be taken off your individual fee if playing on more than one team.
- Additional League Discount \$15.00** will be taken off your team fee if playing on more than one team.

PLACEMENT

Please check here if you would like to be placed on a team.

PAYMENT

CC# _____ EXP ____ - ____ - _____ **TOTAL** _____

AUTHORIZATION

I, THE UNDERSIGNED, HEREBY ASSUME ALL THE RISKS, HAZARDS, AND INCIDENTAL EXPENSES TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS GERRY HART ASSOCIATES, RALEIGH ICEPLEX ADULT LEAGUE OFFICERS, DIRECTORS, SUPERVISORS, AND OFFICIALS IN ANY INJURY TO MYSELF WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE. NO REFUNDS WILL BE GIVEN TO PARTICIPANTS WHO JOIN ANOTHER ORGANIZATION, RELOCATE, ARE DISMISSED DURING ANY PART OF THE SEASON, OR VOLUNTARILY WITHDRAW FROM THE LEAGUE FOR ANY REASON. I AGREE THAT HOCKEY IS A CONTACT SPORT AND CAN BE DANGEROUS AT TIMES WHETHER INTENTIONAL OR UNINTENTIONAL. I AGREE NOT TO HOLD RALEIGH ICEPLEX, ITS OFFICIALS, OR ANY PLAYERS PARTICIPATING LIABLE FROM ANY INJURY INCURRED DUE TO PLAYING HOCKEY WHETHER IT BE INTENTIONAL OR UNINTENTIONAL. RALEIGH ICEPLEX STRONGLY ADVISES PLAYERS TO WEAR FULL PROTECTION INCLUDING FACE MASKS, MOUTH GUARDS AND NECK PROTECTION.

PLAYER SIGNATURE _____ **DATE** _____

TEAM NAME _____